

DECLARATION AND POWER OF ATTORNEY FOR U.S. PATENT APPLICATIONS

☒ Original ☐ Supplemental ☐ Substitute ☐ PCT

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if more than one name is listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

„Composition for pretreating fiber materials“

which is described and claimed in:

- ☒ the attached specification.
- ☐ the specification in U.S. application No. _____
filed _____, and as amended on _____ (if applicable).
(month/day/year) (month/day/year)
- ☐ the specification in International Application No. PCT/ _____,
filed _____, assigned U.S. Application No. _____ (if applicable), and as amended
(month/day/year)
 - ☐ under PCT Article 19 on _____ (if applicable)
(month/day/year)
 - ☐ under PCT Article 34 on _____ (if applicable)
(month/day/year)
 - ☐ and further amended on _____ (if applicable)
(month/day/year)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information which is known by me to be material to the patentability of this application as defined in 37 C.F.R. § 1.56.

09688066 101300

COUNTRY/REGION (OR PCT)	APPLICATION NO.	FILING DATE (month/day/year)	PRIORITY CLAIMED			
European Patent Office	99120573.3	10/16/1999	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
_____	_____	_____	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
_____	_____	_____	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	_____	_____	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

APPLICATION NO.	FILING DATE (month/day/year)
_____	_____
_____	_____
_____	_____

U.S. APPLICATION NO.	FILING DATE (month/day/year)	STATUS

_____	_____	<input type="checkbox"/> Patented	<input type="checkbox"/> Pending	<input type="checkbox"/> Abandoned
_____	_____	<input type="checkbox"/> Patented	<input type="checkbox"/> Pending	<input type="checkbox"/> Abandoned
_____	_____	<input type="checkbox"/> Patented	<input type="checkbox"/> Pending	<input type="checkbox"/> Abandoned

PCT APPLICATION NO.	INTERNATIONAL FILING DATE (month/day/year)	U.S. APPLICATION NO. (if any)	STATUS
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_____	_____	_____	<input type="checkbox"/> Patented
			<input type="checkbox"/> Pending
			<input type="checkbox"/> Abandoned

I hereby appoint the following attorneys and agents, each of them with full power of substitution, revocation and appointment of associates, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

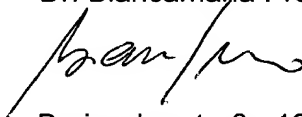
Luther A. R. Hall (Reg. No. 27,337), JoAnn L. Villamizar (Reg. No. 30,598), Kevin T. Mansfield (Reg. No. 31,635), Jacob M. Levine (Reg. No. 32,509), David R. Crichton (Reg. No. 37,300), and Michele A. Kovaleski (Reg. No. 37,865).

Address all correspondence to ***Ciba-Specialty Chemicals Corporation, Patent Department, 540 White Plains Road, P.O. Box 2005, Tarrytown, NY 10591-9005.***

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole
or first joint inventor Dr. Biancamaria Prozzo

Inventor's signature



Date: September 8, 2000
 month/day/year

Residence

Breisacherstraße 127
CH-4057 Basel, Switzerland

Citizenship

Italian

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Post Office Address same as above

Full name of second joint inventor, if any Peter Seifert

Inventor's signature

P. Seifert

Date September 8, 2000
month/day/year

Residence Waldstraße 24
D-86485 Biberbach, Federal Republic of Germany

Citizenship German

Post Office Address same as above

Full name of third joint inventor, if any

Inventor's signature

Date
month/day/year

Residence

Citizenship

Post Office Address

Full name of fourth joint inventor, if any

Inventor's signature

Date
month/day/year

Residence

Citizenship

Post Office Address

Full name of fifth joint inventor, if any

Inventor's signature

Date
month/day/year

Residence

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